

Silver Sands Montessori Charter School

2010-2011 Student Registration Form

Part I – Student Data ***NRS 392.165: STATE LAW REQUIRES ENROLLMENT OF STUDENT BY LEGAL NAME**

Student Legal Name* (Last, First, Middle):		Grade Applying for:	Gender:	Student ID:
SSN(last 4 digits only):	Date of Birth:	Birthplace (City, State)	County of Residence:	Residence Phone #:
Home Address:			City:	Zip Code:
Mailing Address/P.O. Box , if different than residence:				

Part II – Parent/Guardian Data (Must be completed by Parent or Legal Guardian)

Relationship:	Parent/Guardian Name:	Contact Phone Number:
Employer:	Occupation:	Employer Telephone Number:
Student Resides with?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Email:	
Relationship:	Parent/Guardian Name:	Contact Phone Number:
Employer:	Occupation:	Employer Telephone Number:
Student Resides with?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Email:	
Relationship:	Parent/Guardian Name:	Contact Phone Number:
Employer:	Occupation:	Employer Telephone Number:
Student Resides with?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Email:	

Part III – Non-Custodial Parent Information (Please provide copies of custody/guardianship paperwork)

Relationship:	Parent Name:	Status of Custody (i.e. no contact, etc.):
Relationship:	Parent Name:	Status of Custody (i.e. no contact, etc.):

Part IV – Emergency Contact Information (A person who may be contacted if the parent/guardian is unavailable and authorized to pick up the student in the case of an emergency.)

Emergency Contact Person:	Relationship:	Contact Phone Number:
Emergency Contact Person:	Relationship:	Contact Phone Number:
Emergency Contact Person:	Relationship:	Contact Phone Number:

Parent/Guardian Signature	Printed Name	Date
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Authorized Admissions Officer Signature	Date of Acceptance
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Student Name: _____

Part V – Student/Parent Surveys

<p><u>Student Race (check one)</u></p> <p><input type="checkbox"/> White (not of Hispanic Origin)</p> <p><input type="checkbox"/> Black (not of Hispanic Origin)</p> <p><input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Is student ¼ (25%) American Indian or enrolled in a tribe?</p> <p><u>Military Dependent</u></p> <p>Is either parent on active duty in the Military Service? (Student need not be residing with this parent.)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><u>Restrict Directory Information</u></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><u>Has student ever attended a Clark County School?</u></p> <p><input type="checkbox"/> Yes School Name _____ When? _____</p> <p><input type="checkbox"/> No</p> <p><u>Educational/Health Background</u></p> <p>Do any of the following apply to your student? If you answer "YES" to any of the questions below, please provide SSMCS with copies of any paperwork and write a detailed description of any programs or services in which your child participated on the Supplemental Sheet Provided.</p> <p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No Current IEP?</p> <p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No Previous IEP?</p> <p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No Educational or Behavioral Concerns?</p> <p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No Special Education assistance in the regular classroom setting?</p> <p>5. <input type="checkbox"/> Yes <input type="checkbox"/> No Special Education assistance in a pull out program?</p> <p>6. <input type="checkbox"/> Yes <input type="checkbox"/> No Special Education in a self-contained program?</p> <p>7. <input type="checkbox"/> Yes <input type="checkbox"/> No 504-Accommodation Plan?</p> <p>8. <input type="checkbox"/> Yes <input type="checkbox"/> No Any Pre-school Program?</p> <p>9. <input type="checkbox"/> Yes <input type="checkbox"/> No Speech/Language therapy?</p> <p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No Occupational/Physical Therapy?</p> <p>11. <input type="checkbox"/> Yes <input type="checkbox"/> No Under the care of a licensed-care provider? (i.e. physician, counselor, etc?)</p> <p>12. <input type="checkbox"/> Yes <input type="checkbox"/> No Receive(d) school or family counseling?</p> <p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No English as a Second Language Program?</p> <p>14. <input type="checkbox"/> Yes <input type="checkbox"/> No Tested for Special Programs but did not qualify?</p>	<p><u>Home Language</u></p> <p>First Language Learned by Student?</p> <p>English _____ Other _____</p> <p>Language Spoken by Student with Friends?</p> <p>English _____ Other _____</p> <p>Language Spoken in Home?</p> <p>English _____ Other _____</p> <p><u>How did you hear about us? (please list name)</u></p> <p><input type="checkbox"/> Advertisement/Newspaper _____</p> <p><input type="checkbox"/> Website _____</p> <p><input type="checkbox"/> Referral _____</p> <p><u>Has the Student ever been expelled?</u></p> <p><input type="checkbox"/> Yes, date and school name: _____</p> <p><input type="checkbox"/> No</p>
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Office Use Only	
Date/Time Application Received:	Received By:
Parent Orientation Date:	Staff Interview with Parent and Student:
Enrollment Completion Date:	Notes:

Parent/Guardian Initial

